



**Wyoming Office of Emergency
Medical Services
Complaint Form**

Submit to:
Wyoming Office of EMS
Compliance Section
6101 Yellowstone Road Suite 400
Cheyenne, Wyoming 82002 Fax to:
307-777-5639
Email: bob.dean@wyo.gov

The Rules and Regulations for “Wyoming Emergency Medical Services Act of 1977” W.S. 33-36-101 Chapter 5, Section 9, part (d) State: “The Division may initiate investigations or proceedings under this Section on its own motion or on the written complaint of any person. Reasonable effort shall be made to protect the identity of the complainant. Identifying information shall not be divulged by the Division except upon waiver by the complainant, court order, request of law enforcement officers, or the Attorney General’s Office.” Depending on the nature of the complaint, it may be referred to another department office or another state regulatory agency or board.

Please fill out as thoroughly as possible. You may also include additional information on separate sheets of paper.

Complaint Filed By

Name: _____ Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Alternate Phone: _____
 E-Mail: _____ Date Form Completed: _____

Hospital/Staff	Training Program	Air EMS Service	Ground EMS Service	Other:
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Please fill out as thoroughly as possible. You may also include additional information on separate sheets of paper.

Filed Against

Name: _____ Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Alternate Phone: _____
 E-Mail: _____

Please describe the complaint below. Attach additional pages if necessary.

Nature of Complaint

Date(s) incident occurred: _____
 Time(s) incident occurred: _____
 Location(s) incident occurred: _____

OFFICE USE ONLY

Date Received: _____
 Received By: _____
 OEMS Case #: _____